## Plan for Referral Partnerships

The Referral Partnership meeting in April 2003 involved orchestrating conversations regarding referral partnerships. These partnerships were discussed at two levels, the Tertiary Partnership level and at the Area-wide level. The conversations involved looking at the market opportunities for each Tertiary Partnership and at the opportunities for the Area as a whole. This involved reviewing a Delivery Plan that was based on the entire population of these Partnerships. For instance what opportunities are there for shared services for the Western Tertiary Partnership – population 15,538, the Central Tertiary Partnership – population 30,249 and the Eastern Tertiary Partnership – population 45,963. These conversations were limited to those services identified for regional referrals in the Primary Care Service Area Delivery Plans.

These Delivery Plans were contrasted against each Service Area's request for Visiting Professionals and the total demand for those Visiting Professionals. A backdrop for these conversations, remain the group's memory of the area's strength and weaknesses identified in the first meeting and individually by the PSAs in their questionnaires. The Workgroup's decisions for services by Partnership and Area were as follows.

**Eastern Tertiary Referral Partnership**

The Eastern Referral Partnership consisting of the Wind River, Northern Cheyenne, Fort Peck and Crow Service Units as well as the Billings Urban Program agreed that shared resources to support all would be beneficial for the following quantity of services.

- 4 Bed ICU at the Crow/Northern Cheyenne Hospital @ 324 Department Gross Square Meters
- 2 Orthopedist
- 2 General Surgeons
- 2 Radiologists located at Crow supporting the Area for Tele-Radiology
- 1 Oral Surgeon
- Adolescent and Adult Residential Treatment – The workload numbers at that time were not complete, but the desire was identified. At this time, we are suggesting the following:
    - 26 Bed Adult Residential Treatment Facility @ 1,690 Building Gross Square Meters
    - 8 Bed Adolescent Residential Treatment Facility – The Innova Group recommends that this need be met at an Area-wide level with a 16 bed Adolescent Unit.
- The General Surgeon, Orthopedic and Oral Surgery component, in addition to operating at Crow would be required to be credentialed with privileges at the community hospital serving the Fort Peck and Wind River Service Units. Outpatient Visits would be conducted at the clinics through out the Eastern Area.

**Central Tertiary Referral Partnership**

The Central Tertiary Referral Partnership consisting of the Browning, Fort Belknap and the Urban Programs of Great Falls, Butte, and Helena agreed that shared resources to support all would be beneficial for the following quantity of services.

- Contracted Visiting Professionals of
    - 1 Orthopedist
    - 1 General Surgeon
    - 2 Ob/Gyn
    - 2 Psychiatrist
    - 1 Orthodontist
- Inpatient Psychiatric Care – Area-wide workload will only support 6 to 7 beds. Minimum Psych Unit is 12 beds. Continued contract care should continue to be the delivery option for this care requirement.
- Adolescent and Adult Residential Treatment – The workload numbers at that time were not complete, but the desire was identified. At this time, we are suggesting the following:
    - 28 Bed Adult Residential Treatment Facility @ 1,820 Building Gross Square Meters

- 8 Bed Adolescent Residential Treatment Facility – The Innova group recommends that this need be met at an Area-wide level with a 16 bed Adolescent Unit.

The General Surgeon and Orthopedic component, in addition to operating at Brown would be required to be credentialed with privileges at the community hospital serving the Fort Belknap Service Unit.

**Western Tertiary Referral Partnership**

The Western Tertiary Referral Partnership consisting of the Missoula Urban Program and Flathead Service Unit participated in the Central Area discussion. The Area population is predominantly the Flathead Service Unit, a fully compacted CHS organization. Regional Services would essentially be Flathead services with some outreach to Missoula. Their participation identified internal Flathead opportunities to partner with their immediate neighbor the Browning Service Unit for specialty care and with the new services being offered privately in Kalispell.

Sharing of patient populations for support of the Central's contracted providers and the residential treatment facilities provides the Western Area a cost effective care solution. The Contracted providers should also be credentialed at the local Flathead and Missoula hospitals.

**Area-Wide Partnerships**

The Area-wide Discussions consisting of all representatives at the April meeting agreed that shared resources to support the Area would be beneficial for the following quantity of services.

- 16 Bed Adolescent Residential Treatment Facility @ 1040 BGSM
- 2 ENT
- 2 Ophthalmologist
- 2 Dermatologist
- 1 Gerontology
- 1 Rheumatology
- 1 Allergy
- 1 Pediatric Genetic Specialist
- The Surgical component, in addition to operating at Brown and Crow would be credentialed with privileges at the community hospitals primarily serving each Service Unit.
- The Physician component would be visiting professionals that might eventually transition to Telemedicine support for the Area.

In addition to the shared direct care services, the following support services were identified as appropriate for the Area to develop to improve the Area's health care system.

- Dialysis (on Site) with Regional Management
- EMS Certification and Training
- Health Education for Professionals, Nursing, X-Ray, etc.
- Substance Abuse Counselor Certification
- Business Management Training Center
- Home Health Care Licensing Support
- Urban Center Information Management Support

A brief conceptual description of the each follows.

**Dialysis (on Site) with Regional Management**

The goal of this initiative would be to create consistency with quality and cost for all Service Units in the Billings Area. Some Service Units have Dialysis available, but quality and cost are not consistent. These services are generally paid for with Contract Health Dollars and may include heavily loaded overhead and profit amounts for the contracting entity. Some service units are utilizing private sector Dialysis programs, with significant distance hurdles to overcome. The mission of this Initiative would be to provide Native American controlled Dialysis Service in our communities. Regional management would allow for distributed management responsibility and accountability, which would lead to management being more responsive to the concerns and input from the local constituencies.

**EMS Certification and Training**

The goal of this initiative would be to allow for local management of the EMS Systems, which was a universally agreed upon tenet of the Service Units; while at the same time allowing for a standardization of the skill sets and knowledge base of EMTs and Paramedics working within the Billings Area. Access to training is difficult for many of the Service Units, and with Internet Based Distance Learning Technology now available, the Area could put together Certification and Training courses that reach to all Service Units for both initial certification as well as re-certification. This would increase the number of available candidates as they would not have to leave their families and communities to achieve certification, but also standardize the quality of training, and allow the Service Units to realize their expectations of a higher standard of EMS response.

**Health Education for Professionals, Nursing, X-Ray, etc**

In the current environment of Health Care Manpower, the true solution is not to compete for scarce resources, but rather to create the resources, which are needed and will be needed for the future. This initiative will provide that solution. There is a huge untapped labor force residing now on our Reservations, and we know the staffing shortages under which we are now suffering. A system wherein the Area Office brought together health and education funds from the government and the Tribes and connected them to Area Educational Institutions, Universities, Colleges and Community Colleges and actually funded teaching slots, and reserved chairs for interested Native American Students would solve two of the most pressing problems on the Reservations today, under-employment and health professions staffing shortages.

**Substance Abuse Counselor Certification**

Similar to the Health Professions issue, there is a dearth of training opportunities for Substance Abuse Counselors to achieve certification. Perhaps more than any of the Health Professions, Substance Abuse Counseling is as much a calling as a job. Many substance abuse programs graduates are attracted to the field as they find a new passion for sobriety and want to share that with others. Many enter the field; many can't because there are not sufficient and well located training programs. As in the EMS example, Distance Learning Technology would allow for the creation of Internet based training programs, and the Area Office would be the entity to lead such a program.

**Home Health Care Licensing Support**

There are numerous locations within the Area without an available contract Home Health Care Agency and a number of locations have identified Home Health Care as a service of choice for the coming years. Supporting these desires with a centralized location for development, training, policy and procedures and licensing direction would improve the continuum of care throughout the Area.

**Urban Center Information Management Support**

The Urban programs are in disarray with regards to Information management systems. Coordination and system implementation support from the Area will improve quality assurance and accountability for the programs as they try to grow to better serve the Native Urban population.

**Business Management Training Center**

There is a strong consensus that the Area and each Service Unit would benefit from the creation of a Business Management Training Center. It would serve the purpose of upgrading the business skills of those already in management positions, as well as prepare the next rank of leaders from the mid-level management workforce now in our system. A sample of offerings would include, but not be limited to:

- Understanding the Budget Process
- Preparing your Departmental Budget
- Effective Human Resource Management Techniques
- Team Building
- Perfecting Customer Service Skills
- Continuous Quality Improvement Training
- Revenue Generation and Preventive Care Opportunities

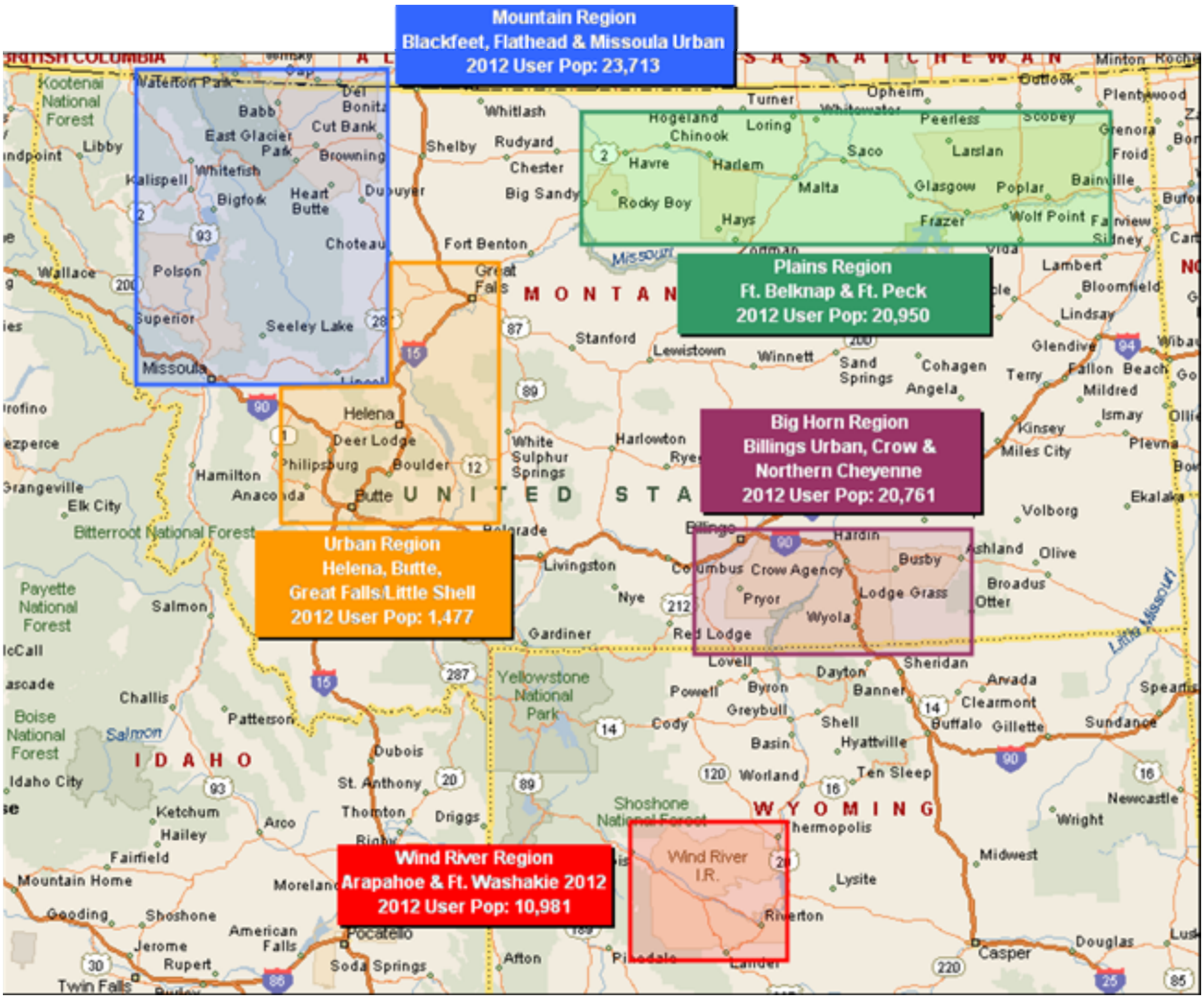
The problems solved through these initiatives are common to all Service Units, and therefore a single solution spread across Service Units would be the most effective and efficient approach. Shared Tribal and IHS input into their development would allow for a wider acceptance of the throughputs and outputs, so the outcomes would be created and owned by all; greatly enhancing the use and appreciation by the end users.

An overview of the development of the Referral Partnerships follows.

At the Regional Analysis and Service Stratification Meeting in Billings on January 23, 2003, The Innova Group proposed three different Regional groupings of population for consideration by the Billings Area Health Services Master Plan Work Group. These proposals were made with the following goals of the project in mind:

- Improve Service delivery
- Service Integration
- Bring Unity – forge partnerships

The Innova Group recommended the five regional scenario below




This scenario and all regional scenarios were rejected by the Work Group.

In no way is the concept of regionalization of services intended to take away local services, but to complement local services with intelligent groupings of population to increase available services at the closest possible location.

The groupings of population should not be forced or arbitrary, but should carefully consider:

- Access to both direct and contract care delivery options
- Proximity to Tertiary Care Centers in Montana and Wyoming
- Current and future populations within the regional boundaries
- The strength of existing IHS health care assets and strong tribal programs in the proposed regions.
- Natural and historical travel and access patterns

The benefits of appropriate services being regionalized through referral partnerships are as follows:

- More efficient use of expensive staff resources
- Improved quality of care - increased numbers means increased quality
- Stretch the use of our limited Contract Health $$$
- Culturally sensitive direct care in an IHS or Tribal environment as opposed to a private sector environment
- Revenue generation for the reinvestment in the health of our communities
- Increased leverage when negotiating rates with Contract Health Providers
- Staff recruitment and retention improvements

In order to rethink our regional referral partners, The Innova Group re-looked at the Service Access Standards (below) established by the Work Group's Questionnaire responses. The table clearly indicates that 60 minutes access time is the maximum distance that the Work Group wants to consider for partnership activity in that all services were desired within 60 minutes.

| | Primary Service Area | Within 30 minutes | Within 60 minutes |
|---|---|---|---|
| Physician Care | Family Practice<br>Internal Medicine<br><br>Pediatric<br>Obstetrics<br>Gynecology<br>Psychiatry<br>Nephrology<br>Dental<br>Rheumatology<br>Traditional Healing<br>Oral Surgery | General Surgery<br>Cardiology | Orthopedics<br>Ophthalmology<br>Dermatology<br>ENT<br>Urology<br>Neurology<br>Allergy<br>Pulmonary<br>Gerontology<br>Gastroenterology<br>Oncology<br>Other Surgical Subspecialties<br>Other Medicine Subspecialties<br>Pediatric Subspecialties |
| ER | After Hours Urgent Care<br>Emergency<br>Ground Ambulances | Air Ambulances - Rotor | Air Ambulances - Fixed |
| Ambulatory Services | Nutrition<br>Optometry<br>Podiatry<br>Dialysis<br>Audiology | | Chiropractic |
| OP Beh. Health | Mental Health<br>Social Services<br>Substance Abuse Transitional Domestic<br>Alcohol and Substance Abuse | Medical Detox | |
| Elder Care | Long Term Care Nursing<br>Assisted Living<br>Hospice<br>Home Health Care | | |
| Ancillary Services | Lab Specimen Collection<br>Clinical Lab<br>Microbiology<br>Radiography<br>Ultrasound - Obstetrics<br>Screening Mammography<br>Mammography<br>Physical Therapy<br>Occupational Therapy<br>Speech Therapy<br>Pharmacy | Medical Oncology<br>Radiation Oncology<br>Ultrasound<br>CT<br>Fluoroscopy<br>Nuclear Medicine<br>Respiratory Therapy<br>Outpatient Endoscopy<br>Outpatient Surgery<br>Inpatient Surgery | Anatomical Pathology<br>MRI |
| Inpatient Care | Pediatrics | Labor and Delivery<br>Acute Care - Medical<br>Intensive Care<br>Sub Acute Care<br>Acute Dialysis<br>Adolescent Substance Abuse<br>Adult Substance Abuse<br>Psychiatric – Low Acuity | L&D – High Risk<br>Acute Care - Surgical<br>Psychiatric – High Acuity |
| Other Services | Case Management<br>Environmental Services<br>Preventive Care<br>Community Health Representatives<br>Transportation | | |

For a certain level of services this may in fact be possible, however for Surgical and Medical Subspecialties, Psychiatric Inpatient and advanced diagnostic such as Cardiac Catheterization, Nuclear Medicine as well as specialized care for Open Heart Surgery and Neonatal Intensive Care access is most likely going to demand more then a single hours travel. Presently Montana has three facilities with Open Heart and NICU capabilities; Wyoming has an Open Heart program but no NICU in the state.

In reviewing potential referral partnerships the Innova Group also reviewed the Existing Delivery System documentation for each Primary Care Service Area in the first report. This review indicated that Wind River often bypasses available care in Casper to access care in Salt Lake or Denver, some care of which is available in Billings. It also indicated that Fort Belknap and Hayes access care more often in Great Falls then Billings. Browning also has an allegiance or historical pattern of using Great Falls. The Flathead Service Unit while having some fledgling specialized programs and Cardiac Catheterization capabilities in Kalispell relies on Missoula for their highly specialized care.

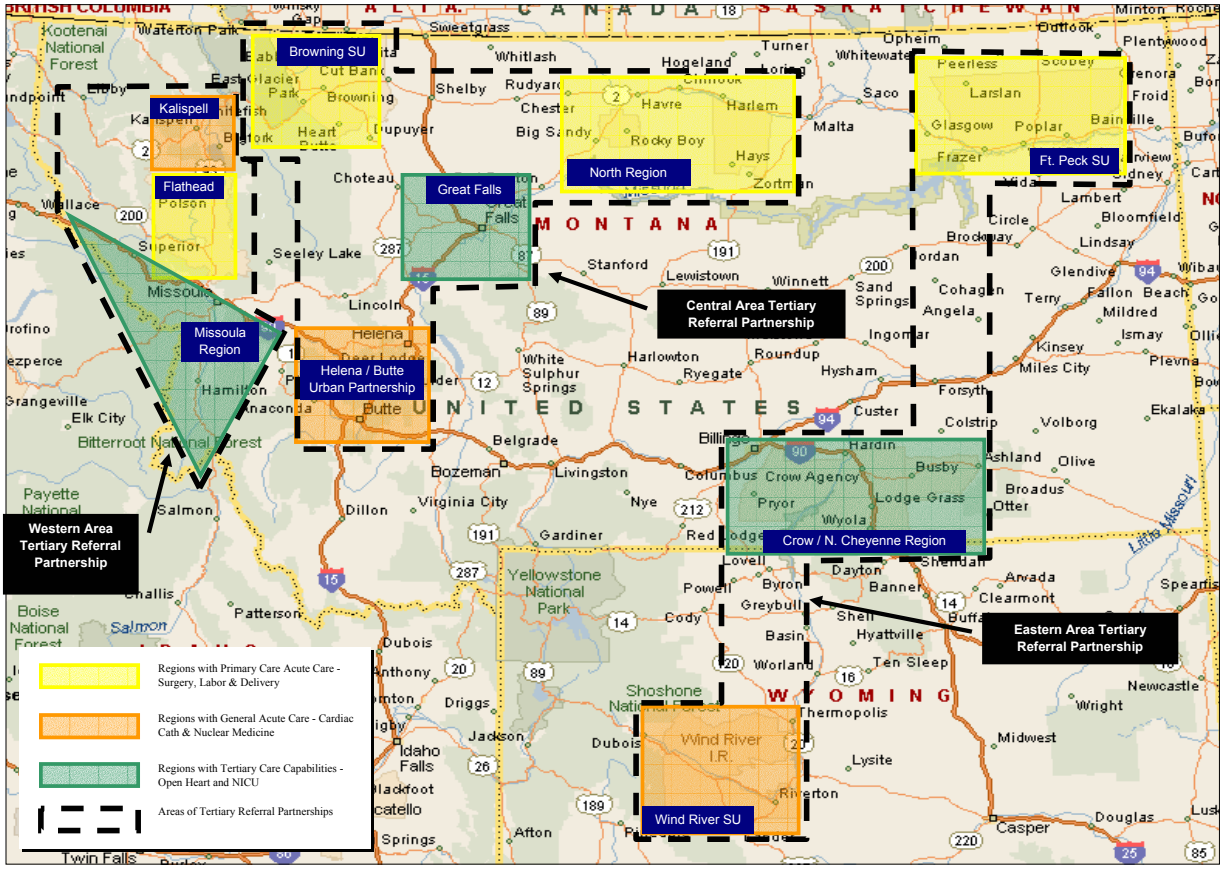
The migration or crossover analysis indicated that there is very little migration between Service Units, other then some migration to Crow from Billings, the Non-Service Areas and Lame Deer and some Rocky Boy crossover to Fort Belknap.

Based on this re-look, The Innova Group would like to propose the following regional groupings that more closely reflect the existing access patterns and the Workgroup's Service Access Standards. The proposal documented below involves 10 regions of varying capability depending upon the private sector's local capabilities. These ten regions are also tied together by three tertiary referral partnerships, Western, Central and Eastern, that are established based on patterns of access to the NICU and open Heart programs available within the state. These regions reflect groupings of populations that are more appropriate when considering IHS or tribal programs to compete against private sector programs and also reflect populations that would benefit from collective bargaining with a CHS provider.

See the map and supporting table on the following page.

A description and opportunity discussion of each Region follows.

## Referral Regions




| Western Area Tertiary Referral Partnership | | |
|---|---|---|
| PRIMARY CARE SERVICE AREA | 2015 USER POP | ALTERNATIVE CARE |
| **FLATHEAD** | | ** Represents Kalispell & Flathead Combined* |
| ELMO | 1,124 | Kalispell Regional Medical Center |
| POLSON | 3,555 | |
| RONAN | 3,387 | St. Joseph Hospital |
| ST. IGNATIUS | 2,327 | |
| ARLEE | 2,558 | St. Luke Community Hospital |
| **TOTAL USR POP** | 12,951 | |
| **MISSOULA - URBAN** | | St. Patrick Hospital |
| MISSOULA - URBAN | 2,587 | Community Medical Center |
| **TOTAL USR POP** | 2,587 | |
| **Partnership Total Population** | | **15,538** |

| Central Area Tertiary Referral Partnership | | |
|---|---|---|
| PRIMARY CARE SERVICE AREA | 2015 USER POP | ALTERNATIVE CARE |
| **NORTH REGION** | | |
| HAYS | 1,951 | Northern Montana Hospital |
| ROCKY BOY'S** | 5,767 | Phillips County Medical Center |
| FT. BELKNAP | 3,638 | Shodair Children's Hospital |
| **TOTAL USR POP** | 11,356 | Big Sandy Medical Center |
| **GREAT FALLS** | | Benefis Healthcare |
| GREAT FALLS - URBAN | 3,360 | Kalispell Regional Medical Center |
| **TOTAL USR POP** | 3,360 | Northern Rockies Medical Center |
| **BROWNING SVC UNIT** | | Pondera Medical Center |
| BROWNING | 10,190 | St. Joseph Hospital |
| SEVILLE | 899 | |
| BABB-ST MARY | 334 | |
| HEART BUTTE | 1,115 | St. Luke Community Hospital |
| **TOTAL USR POP** | 12,538 | Teton Medical Center |
| **HELENA/BUTTE URBAN PTNR** | | St. James Healthcare |
| BUTTE - URBAN | 1,042 | St. Peter's Hospital |
| HELENA - URBAN | 1,953 | Veterans Affairs Montana |
| **TOTAL USR POP** | 2,995 | |
| **Partnership Total Population** | | **30,249** |

| Eastern Area Tertiary Referral Partnership | | |
|---|---|---|
| PRIMARY CARE SERVICE AREA | 2015 USER POP | ALTERNATIVE CARE |
| **FT. PECK SERVICE UNIT** | | Northeast Montana Health - Wolf Point |
| WOLF POINT | 4,578 | Frances Mahon Deaconess |
| POPLAR | 5,436 | Northeast Montana Health - Poplar |
| | | Mercy Medical Center |
| | | |
| **TOTAL USR POP** | 10,014 | Glendive Medical Center |
| **CROW/N. CHEYENNE REGION** | | Sidney Health Center |
| CROW | 6,301 | St. Vincent Healthcare |
| LAME DEER | 7,715 | Deaconess Billings Clinic |
| LODGE GRASS | 3,145 | Big Horn County Memorial Hospital |
| PRYOR | 1,166 | Holy Rosary Healthcare |
| BILLINGS - URBAN | 6,198 | Memorial Hospital of Sheridan |
| **TOTAL USR POP** | 24,525 | Veterans Affairs Medical Center Sheridan |
| **WIND RIVER SVC UNIT** | | |
| ARAPAHOE | 4,645 | Hot Springs County Memorial Hospital |
| FT. WASHAKIE | 6,556 | Washakie Medical Center |
| CASPER | 223 | Riverton Memorial Hospital |
| **TOTAL USR POP** | 11,424 | Lander Valley Medical Center |
| **Partnership Total Population** | | **45,963** |

***Assumes Rocky Boy's participation & user pop*

| | |
|---|---|
| **Area Wide Partnership** | **91,750** |
| **Non-Service Unit Pop** | **630** |
| **Urban Population Totals*** | **15,140** |

The Area Wide Partnership number is larger than the actual HSP Area User Population (including non-service unit population) due to new user population registration anciticipated in the urban programs.

## EASTERN AREA TERTIARY REFERRAL PARTNERSHIP

The Eastern Tertiary Referral Partnership Area is anchored in Billings with two competing Tertiary Care Hospitals, St Vincent and Deaconess. Billings is the largest city in the state and thus the natural market center for all of eastern Montana. This provides this region with the most complete set of medical specialist and specialty services in the two state area. This Partnership consists of three service units, Fort Peck, Northern Cheyenne and Crow who already rely on Billings for specialty services and suggests that Wind River could also potentially rely on Billings for their tertiary care. This collective population of 45,963 users is a strong negotiating position for the Indian Health Service with its CHS providers. This population base also provides for the greatest opportunity for regional services that will allow for Contract Health Dollars to be stretched and revenue to be generated for re-investment in the community. The Crow/Northern Cheyenne Hospital is already a regional center for two of the four service units mentioned and is located within an easy hour's drive of Billings. This location and the existing presence of specialty care make the hospital a natural centralized location for regional services.

### Wind River Service Unit

The Wind River Unit is located approximately 2 ½ hours from Casper and 4 ½ hours from Billings. Casper, as stated earlier, has an Open Heart program but does not have an NICU. The Riverton Hospital is a Primary Care Acute Care Hospital while the Lander Hospital provides advanced diagnostics with Cardiac Catheterization and Nuclear Medicine for the Region. The Region is already organized as a single Service Unit and the delivery plan for Fort Washakie is essentially a delivery plan for the region.

The services to be considered for partnering with the larger population base as documented in the Arapahoe and Fort Washakie Delivery Plan are as follows:

- Substance Abuse Residential Treatment
- Visiting Professionals
    - Orthopedics
    - Ophthalmology
    - General Surgery
    - ENT
    - Cardiology
    - Urology
    - Neurology

The Service Unit, while not documented in the Service Delivery Plan, was also willing to consider, due to the annual CHS expenditures, regional services for orthopedics surgery and orthopedics inpatient care. The Service Unit is not completely in agreement that Residential Treatment and its associated costs is the best path for care for the treatment of Substance Abuse problems.

This region is the least likely to participate in the tertiary care regional partnership due to distance and its inconsistency with present referral patterns. Its population represents 25% of the tertiary care market. The feasibility of long term coordination and partnership with the corporation owning both the Riverton and Landers facility should be considered and be the first priority for the health care of this region. The Native American User Population represents 26.2 % of the total population in the local counties.

### Crow/Northern Cheyenne Region

This Region is located approximately 1 to 2 hours from Billings. Billings has the availability of two Open Heart and NICU programs. The Big Horn County is a Primary Care Acute Care Hospital while Billings and Mile City provide advanced diagnostics with Cardiac Catheterization and Nuclear Medicine for the

Region. The Region has recently been organized as a single system anchored by the Crow/Northern Cheyenne Hospital and the delivery plan for that facility is essentially a delivery plan for the region.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- CT
- MRI
- Urology
- Neurology
- Acute Dialysis
- Blood Bank
- Ultrasound
- Mammography
- Fluoroscopy
- Respiratory Therapy
- Home Health Care
- Visiting Professionals
    - Orthopedics
    - Ophthalmology
    - General Surgery
    - ENT
    - Cardiology
    - Urology
    - Neurology

Regional EMS development is also a viable opportunity, and again, in the absence of an Area Wide initiative, this should be considered heavily. A recurring weakness stated by the Service Areas within these Service Units is the shortage of skilled health care workers. Each Service Unit competing for these scarce resources only exacerbates this problem, but if the units work together they will make better use of these human resources

This region is the most likely to participate and benefit from the tertiary care regional partnership due to proximity to Billings, its large population, present partnership and accessibility in the center of the Tertiary Area. Its population represents 53% of the tertiary care market. Reaching out as a partner to Wind River and Fort Peck should be considered the first priority for the Region in order to improve the chances of success for a tertiary area partnership. The Native American User Population represents 11.0% of the total population in the local counties.

**Fort Peck Service Unit**

This Region is located approximately 5 hours from Billings. Billings has the closest availability of tertiary care in the state of Montana, with two Open Heart and NICU programs. Tertiary and Secondary Care are somewhat closer in Minot, North Dakota. According to the latest edition of the AHA Guide, six Primary Care Acute Hospitals provide close access to Intensive Care and Nuclear Medicine: Glendive Medical Center, and Mercy Medical Center in Williston, North Dakota. Northeast Montana Health Services in Poplar and Wolf Point provide ICU but no Nuclear Medicine. Sidney Health Center provides Nuclear Medicine but no ICU, while Francis Mahon Deaconess Hospital provides neither.

Services are anchored out of the Vern E. Gibbs Poplar Clinic and extended to Wolf Point at the Chief Redstone Clinic. The Region already shares services and has fostered creative partnerships with local hospitals in areas such as Diagnostic Imaging and Cardiac Rehab. There is continued interest in developing additional creative partnerships in the future. However, willingness to refer various services to

a regional or area level contributes to the larger opportunity of stretching CHS dollars in the Eastern Tertiary Referral Area.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Visiting Professionals
    - Orthopedics
    - Ophthalmology
    - General Surgery
    - ENT
    - Cardiology
    - Urology
    - Neurology

A recurring need in Ft. Peck involves training and equipment for EMS. Opportunities may exist within the larger Billings Area to partner in resolving many EMS needs. There is also a great desire to be part of the solution in providing a new acute healthcare facility as part of mapping a journey toward a healthy community that's attractive to live and work in. Its population represents 22% of the tertiary care market. But this region is less likely to participate in the tertiary care regional partnership due to distance and its inconsistency with present referral patterns. Care is closer in North Dakota, and some creative partnerships already exist due to this reality. The Native American User Population represents 22.5 % of the total population in the local counties.

The Fort Peck Service Unit suffers under many of the same geographic issues as Wind River. In addition to general separation of this Service Unit from its IHS counterparts, the location of its assets are also unfortunate, and cause great distance for many of its reservation inhabitants. Standing alone, there are little or no regional opportunities which would benefit the Ft. Peck residents. Combining services between the two Service Areas would bring the same financial benefit as mentioned above in Crow, but are only a small part of the solution.

**CENTRAL AREA TERTIARY REFERRAL PARTNERSHIP**

The Central Tertiary Referral Partnership Area is anchored in Great Falls with a single Tertiary Care Hospital, Benefis. Great Falls is the largest city in the Central Area and thus the natural market center for all of Central Montana. It provides this region with the most complete set of medical specialist and specialty services in the Central Area. This Partnership consists of three service units, Ft. Belknap, Rocky Boy's and Blackfeet, and three Urban Programs, Helena, Butte and Great Falls who already rely on Great Falls for specialty services. This collective population of 30,249 users is a strong negotiating position for the Indian Health Service with its CHS providers. This population base also provides opportunities for regional services that will allow for Contract Health Dollars to be stretched and revenue to be generated for re-investment in the community. There is currently no true regional IHS presence in the Central Area Tertiary Referral Partnership as two of the Service Units provide inpatient care, Browning as a Primary Care Acute Care Hospital and Ft. Belknap as a Critical Access Hospital. There is little or no regional overlap of admissions to either of these facilities. The location of Blackfeet Community hospital on the far northwestern edge of this Central Area does not lend itself to becoming a natural location for regional services, but it is by far the largest asset in the Area. The downsizing of Ft. Belknap to a Critical Access Hospital, and its rather distant location from the other service units likewise eliminates the possibility of using it as a regional center. The location and the existing presence of specialty care make Great Falls a natural centralized location for regional services.

The consolidated Visiting Specialist demand, while not as extreme as the Crow/Wind River Units, are still not insignificant, especially when one considers the sparse population of this section of Montana. If these

three Service Units and the Urban Programs consolidate demand they could find an interested partner in the Great Falls medical community, both for Visiting Professional services and inpatient tertiary care.

Integrated planning for EMS systems and general patient transportation would also bridge the real and apparent geographical gaps, which exist in this area of the State. In the absence of Area wide development of these services they are a natural alignment for these units. Great Falls becomes the linchpin for support and alignment for not only these units but also is the bridge for the other Central Montana Urban programs. Mobile imaging assets would be a natural share for these partners, as well.

**North Region**

This Region is comprised of the Ft. Belknap and Rocky Boy's Service Units, and is located approximately 2 to 3 hours from Great Falls. Great Falls has the availability of an Open Heart Program and NICU. The Northern Montana Hospital in Havre is a Primary Care Acute Care Hospital, which includes ICU beds. Big Sandy Medical Center as well as Phillips County Medical Center, both Low Acuity Hospitals with no ICU beds also provide some inpatient care for the region. As Ft. Belknap is an IHS Service Unit, and Rocky Boy's has compacted by a 638 agreement with the IHS, there is very little cooperative interaction in terms of actual patient care. Ft. Belknap does experience a 4% positive migration rate from Rocky Boy's. The two PSA's in Ft. Belknap are well integrated, and represent a common plan for their Service Unit.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Home Health Care
- Visiting Professionals
    - Orthopedics
    - Ophthalmology
    - General Surgery
    - Cardiology
    - Urology
    - Neurology
    - ENT
    - Podiatry
    - Audiology

Regional EMS development is also a viable opportunity, and again, in the absence of an Area Wide initiative, this should be considered heavily.

This region is remote from Browning but presently relies on Great Falls for its General Acute Care demands. Its population represents 36% of the tertiary care market. Reaching out for a partnership with Rocky Boy's and the local private sector facility should be considered the first priority for the Region in order to improve access to care in the region. The Native American User Population represents 38 % of the total population in the local counties of Hill, Choteau, Phillips and Blaine.

**Great Falls**

This urban program has the second largest embedded Urban Native American service population in the state. Active involvement with local health care interests as well as local and county agencies both health and social programs have positioned them nicely for growth as well as potential access to funding. There is a Native American face that can be capitalized on to help this entire region once the service unit and tribal leaders consolidate a vision for tertiary care delivery in Central Montana.

Strong leadership and a board, which represents the social and economic structures of the community, is an asset, which is needed for this linchpin to the development of the Central region. The program has a clear vision for its role in Great Falls and is starting to explore its position in the greater referral region. Attention must now be paid to forging the same strong alliances it has with the community of Great Falls into strong alliances with IHS and Tribal programs to bring new benefit to the Region.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Visiting Professionals
    - Podiatry
    - Audiology
    - Ophthalmology

This region is the most likely to participate and benefit from the tertiary care regional partnership due to its presence in Great Falls and accessibility to each part of the Tertiary Area. Its population represents 11% of the tertiary care market. Encouraging partnerships between all players in the Tertiary Area should be considered the first priority for the Region in order to increase choices and access to economical services for its population. The Native American User Population represents 4 % of the total population of its county, Cascade.

**Browning Service Unit**

This Region is located approximately 2 hours from Great Falls. Great Falls has the availability of both Open Heart and NICU programs. The Northern Rockies Medical Center in Cut Bank is a Primary Care Acute Care Hospital while Shelby and Conrad both have Low Acuity Hospitals for this area. Browning uses none of these facilities extensively, and most referral work goes to Great Falls. The Region is organized as a single system anchored by the Blackfeet Community Hospital and the delivery plan for that facility is essentially a delivery plan for the Service Unit.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Visiting Professionals
    - Orthopedics
    - Ophthalmology
    - ENT
    - Nephrology

Regional EMS development is also a viable opportunity, and again, in the absence of an Area Wide initiative, this should be considered heavily.

This region is the most likely to participate and benefit from the tertiary care regional partnership due to its historical referral relationship Great Falls, and as the most substantial asset in the Area. Its population represents 44% of the tertiary care market. Reaching out to a partnership with all players in the Tertiary Area should be considered the first priority for the Region in order to improve the chances of success for a tertiary area partnership. The Native American User Population represents 46 % of the total population in the local counties of Glacier and Pondera.

**Helena/Butte Urban Partnership**

The Urban Programs of Helena and Butte are 90 miles and 154 miles respectively from Great Falls. They both reside in Communities with General Acute Care Facilities, St. Peter's Hospital in Helena and St.

James Healthcare in Butte. These two urban programs have an excellent opportunity to partner for not only primary care and referral specialty care, but also other programs as well.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Visiting Professionals
    - Dentistry
    - Mental Health

If a pool of Visiting Professionals occurs, these programs should consider Visiting Professionals in OB/GYN, Optometry, Podiatry, and Psychology.

This region is the least likely to participate and benefit from the tertiary care regional partnership due to its distance from Browning, and accessibility to multiple private sector services within their own communities. Its population represents 9% of the tertiary care market. Expanding Primary Care Assets and transportation methodologies to the IHS assets while also improving coordinated care locally should be considered the first priority for this Region. The Native American User Population represents 3 % of the total population of its counties, Silver Bow and Lewis & Clark.

**WESTERN AREA TERTIARY REFERRAL PARTNERSHIP**

The Western Tertiary Referral Partnership Area is anchored in Missoula with the Tertiary Care St. Patrick Hospital. Missoula is the third largest city in the state and the home of the University of Montana and thus the natural market center for Western Montana. This Partnership consists of one service unit, Flathead consisting of three regions Missoula, Flathead, and Kalispell each of which already rely on Missoula for specialty services. This collective population of 15,538 users provides a good negotiating position for the Indian Health Service with its CHS providers. The population base exists within the smallest physical area providing the best access to shared services to its population. This proximity could allow Contract Health Dollars to be stretched and revenue to be generated for re-investment in the community. The Salish and Kootenai Tribal headquarters located in Pablo, Montana is centrally located and positioned well to serve the entire Tertiary Area with shared services. The Area has never had direct care services and has successfully relied on Contract Health Dollars to the Flathead Service Unit.

**Missoula Region**

This Region is the tertiary center of the referral relationship. Missoula has the availability of an Open Heart and NICU programs at St. Patrick, as a Tertiary Care Facility, and Cardiac Catheterization at the Community Medical Center, a secondary referral center for the region. There is a large population of Native Americans, 2,582, and the Urban Program alone has not met the demand for care due to many factors, one of which has been management turnover. When a strong clinical program can be developed here it will become the base, which will benefit the entire Referral Partnership.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Visiting Professionals
    - Psychiatry
    - Audiology
    - Optometry

If Specialty Visiting Providers are available, then General Surgery, Orthopedics, and Podiatry should also be considered.

This region is the most likely to participate and benefit from the tertiary care regional partnership due to its presence in Missoula, its large population, and accessibility as the core of the Tertiary Area. Its population represents 17% of the tertiary care market. The Native American User Population represents 3 % of the total population of its county, Missoula.

**Flathead Region**

This Region extends between 1 to 2 hours from Missoula, and has the additional benefit of a fledgling tertiary center in Kalispell to the north. Sandwiched between these two provider centers, it places Flathead approximately 1 hour of travel to tertiary care no matter where one resides in the Flathead region, and represents the only region which might satisfy the 1 hour travel to tertiary care as expressed by the entire Billings area. Other providers in this region are located in Polson, St. Joseph Hospital, and Ronan, St. Luke Community Hospital, both Primary Care Acute Care Hospitals, and are operated by competitors located in both of the tertiary communities. The service unit is made up of two Primary service areas, Polson and St. Ignatius. There are currently direct care assets of very insignificant size provided in several communities along US 95, which bisects the unit.

This region is different from the remainder of the Billings Area as it is a fully compacted tribe and has provided care through CHS expenditures since its inception. It is now currently struggling with medical inflation and funding which has not kept pace. There is a yet unresolved issue as to whether to venture into the direct care practice, or more succinctly, at what level to venture into this.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Home Health Care
- Visiting Professionals

If Specialty Visiting Providers are available then the Service Unit will specifically at CHS cost relative to the pool of Specialists.

This region is the most likely to participate and benefit from the tertiary care regional partnership due to its central location within the region and its proximity to Missoula and Kalispell. Its population represents 80% of the tertiary care market. Reaching out to a partnership between Missoula and Kalispell should be considered the first priority for the Region in order to improve the chances of success as a tertiary area partnership. The Native American User Population represents 46 % of the total population of its county, Lake.

**Kalispell Region**

This Region is located on the northern edge of the Flathead Service Unit, and contains a General Acute Care Hospital, Kalispell Regional Medical Center. The Salish and Kootenai Tribe are considering this area for expansion of direct care, in that it would provide service to a growing population and serve as a linchpin to the northern end of the reservation, as well as a possible bridge to the Browning Service Unit, to the east. Starting as a small health station and utilizing the Small Ambulatory Care Center criteria developed by IHS, it is a great opportunity to provide direct care and support the linkage to secondary care for the Salish and Kootenai as well as the Blackfeet.

The services to be considered for partnering with the larger population base as documented in the regions Delivery Plans are as follows:

- Substance Abuse Residential Treatment
- Visiting Professionals
    - Primary Care
    - Dentistry

- Mental Health
- Public Health Nursing
- Optometry

This region is the least likely to participate and benefit from the tertiary care regional partnership due to its presence in Kalispell where a full gamut of services are available in the private market. Its population represents 3% of the tertiary care market. Establishing a health location that registers and enrolls the Native American Population in the county should be the first priority for the Region in order to improve the chances of success with a local clinic and the growth of services in the community. The Native American User Population represents .5 % of the total population of its county, Flathead.

**AREA WIDE**

There are multiple Area Wide opportunities for the Billings Area. It is interesting how the inter- and intra-regional opportunities for the Service Units can be accomplished in the absence of Area wide action, but an Area Wide effort would be of even greater benefit due to opportunity of scale.

The first need, which appears in the questionnaires as well as in the data, is an Area Wide Substance Abuse Treatment Facility. This facility would incorporate Adult Residential Treatment, Adolescent Residential Treatment and Medical Detox facilities. Aftercare would be provided at Service Unit Specific Transitional Living Facilities, but the connection between the recovering patient and primary counselors at the centralized facility will be important, and could be achieved via teleconference in groups as well as individual session, until the recovering patient develops a rehabilitation relationship at the Service Unit. There are, admittedly, barriers to this effort, primarily funding, but these could be negotiated successfully. Browning would be confronted with a decision to merge or continue to independently operate their unit, but even without The Blackfeet population based demand, there is sufficient work to operate a unit for the Billings Area. Centrally locating this unit in Great Falls would be detrimental to Wind River, but would solve distance problems for the remaining Billings area. This is an effort, which deserves intense study.

There are two options for EMS at the Area level. The first would be the creation of a single Area Wide EMS Ambulance Service with operating units in the various Service units of the Area. Centralized Administration and Training would allow the Area to eliminate tremendous redundancy, which now exists in the area, within each operating EMS system having administrative infrastructure of various financial weight. Increased quality of service, decreased costs and reliable full time employment would all be side benefits of a centralization effort. The political hurdles would be difficult, as each currently operating unit would be faced with apparent loss of control, but the long term benefits of cost and quality changes are not arguable. The amount of CHS funding now being distributed for EMS response has to be staggering in light of our anecdotal evidence, and should be explored deeply as the first effort of this potential consolidation. In the absence of the ability to effect this large of a change, at least centralized Training and Certification for Area Wide EMS systems should be explored. There are many good EMS assets currently in the system to incorporate into either of these changes.

The next good opportunity for Area Wide initiative is Home Health. There again are two options. The first is a single, Area Wide Home Health Agency. Again the greatest single benefit is collapsing the current cost structure of multiple administrations at each unit currently operating or contemplating entry in to the Home Health Market. A second would be consistent policies and procedures for the operations of the Agency, which would provide consistent quality as well as appropriate interventions to avoid over and under referrals. This is a tremendous revenue opportunity, as most qualifying patients would be Medi-Care or Medi-Care eligible. Again, finding a shared vision and defining funding sources will be a hurdle, but the problems would be superceded by the benefits to the Area and its people. A second option would be to provide centralized assistance in the development of Home Health programs and assist in licensure efforts and regulatory compliance.

A fourth and final opportunity would be the development of Mobile Imaging assets for use all around the Area. The combined demand of many of the inter-regional and intra-regional alliances still leaves some short of the population based demand to provide these assets by the Service Units. Collectively,

however, a system of Trailer mounted CT, MRI, Ultrasound and Mammography, based in various section of the Area and scheduled out to operating units, would be fully utilized. A side benefit could be contracting with Private Sector provides in the non-metropolitan areas of Montana for services, thereby creating revenue and income opportunities for these services. This is an option, which deserves further study.